

DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION

As a below named inventor, I hereby declare that my citizenship, postal address and residence are as stated below; that I verily believe I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the invention entitled:

DEMULTIPLEXER CONTROL SYSTEM

the specification of wh	ch				
X_ is at	tached hereto, or				
was	filed on as A	pplication Serial No	and was amended or	n (if applicable).	
any amendment referre 37 CFR §1.56. I herel inventor's certificate lis	d to above. I acknowledge by claim foreign priority ben	the duty to disclose all inf efits under Title 35, Unite entified below any foreign	ormation known to be m d States Code §119 of an	ncluding the claims, as amended by naterial to patentability as defined in y foreign application(s) for patent or inventor's certificate having a filing	
Prior Foreign Application(s)			Priority Claimed		
0010316.8 (Number)	<u>Great Britair</u> (Country)	n 28 April (Day/Mon		Yes	
subject matter of each of first paragraph of Title	of the claims of this applicat 35, United States Code, §112 1.56 which became availab	ion is not disclosed in the 2, I acknowledge the duty to	prior United States applic disclose all information l	n(s) listed below and, insofar as the cation in the manner provided by the known to be material to patentability and the national or PCT international	
(Application Serial No	(Filing Date)		Status)		
No. 26,160; Joseph D. and transact all busines	Evans, Reg. No. 26,269; G	ary R. Edwards, Reg. No.	31,824; and Jeffrey D. Sa	o. 25,406; Donald D. Evenson, Reganok, Reg. No. 32,169, to prosecute lated United States and international	
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believed to be true; and punishable by fine or in	further that these statemen	ts were made with the kno §1001 of Title 18 of the U	wledge that willful false	s made on information and belief are statements and the like so made are at such willful false statements may	
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(date)	(signature of 1st inven	tor)			